### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: CEDAR CREEK ADULT HOME (410460)
Address: 2670 UNIVERSITY AVE, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 02/01/1997

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096765 End Date: 03/31/2006 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096187 End Date: 12/30/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093999 End Date: 01/07/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Complaint History** 

Date Complaint Received: 02/27/2006 Date Investigation Completed: 03/31/2006

Subject Area(s) Result

RESIDENT RIGHTS NOT SUBSTANTIATED ADMISSION, TRANSFER & DISCHARGE NOT SUBSTANTIATED